

## DMV Lane Technician Observation Report

DMV Technician: <u>QUIST, MARK</u>		Position: <u>1 or 2</u>	
Station: <u>Wilma</u>		Date: <u>9-12-12</u>	Time: <u>2:20</u>
Vehicle Make: <u>Dodge</u>		Model: <u>RAM</u>	Year: <u>2007</u>
GVWR: <u>5000</u>	Fuel Type: <u>GAS</u>	Registration Number: <u>C495565</u>	
Auditor: <u>Coverdale</u>		Covert / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>F. Harris, Dennis</i>		<b>Position:</b> <i>1 or 2</i>	
<b>Station:</b> <i>Wilma</i>	<b>Date:</b> <i>4-12</i>	<b>Time:</b> <i>1:50</i>	
<b>Vehicle Make:</b> <i>Hyundai</i>	<b>Model:</b> <i>Six</i>	<b>Year:</b> <i>2007</i>	
<b>GVWR:</b> <i>5291</i>	<b>Fuel Type:</b>	<b>Registration Number:</b> <i>PC 206763</i>	
<b>Auditor:</b> <i>Coverdale</i>		<b>Covert / Overt</b> (circle one)	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Revised 7/26/12



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Benjamin A. Robert</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>Wilm</i>		<b>Date:</b> <i>9-11</i>	
<b>Vehicle Make:</b> <i>Nissan</i>		<b>Year:</b> <i>2007</i>	
<b>Model:</b> <i>121T</i>		<b>Registration Number:</b> <i>129445</i>	
<b>GVWR:</b>	<b>Fuel Type:</b> <i>CAS</i>	<b>Covert / <u>Overt</u> (circle one)</b>	
<b>Auditor:</b> <i>Boundale</i>			
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

## DMV Lane Technician Observation Report

DMV Technician: <u>Scottie, Anthony</u>		Position: <u>1 or 2</u>	
Station: <u>W 11th</u>	Date: <u>9-12</u>	Time: <u>1:58</u>	
Vehicle Make: <u>Dodge</u>	Model: <u>Neon</u>	Year: <u>2008</u>	
GVWR:	Fuel Type: <u>Gas</u>	Registration Number: <u>121980</u>	
Auditor: <u>Carla M</u>		Covert / <u>Overt</u> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			✓
c) Was Emissions testing performed using Paddle(s)?			✓
d) Was Emissions testing performed using Clip?			✓
3. Was <b>Catalytic Converter</b> inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was <b>Fuel Tank</b> pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was <b>Fuel Cap</b> pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)		✓	
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Innathum, James</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b>		<b>Date:</b> <i>9-12-</i>	<b>Time:</b> <i>1:50</i>
<b>Vehicle Make:</b> <i>Chrysler</i>	<b>Model:</b> <i>Equipe</i>	<b>Year:</b> <i>2007</i>	
<b>GVWR:</b> <i>5070</i>	<b>Fuel Type:</b> <i>Gas</i>	<b>Registration Number:</b> <i>—</i>	
<b>Auditor:</b> Coverdale		<b>Covert / Overt</b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input type="checkbox"/>
<b>New Castle and Kent Counties Only</b>		<input type="checkbox"/>	<input type="checkbox"/>
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
<b>Sussex County Only</b>		<input type="checkbox"/>	<input type="checkbox"/>
8. Was <b>Curb Idle</b> testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b>			
<i>VIN=2CNDL63F776084 892</i>			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Broady, Rose II</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>W. M</u>	<b>Date:</b> <u>9-12</u>	<b>Time:</b> <u>2:55</u>	
<b>Vehicle Make:</b> <u>Ford</u>	<b>Model:</b> <u>Taurus</u>	<b>Year:</b> <u>2001</u>	
<b>GVWR:</b>	<b>Fuel Type:</b> <u>Gas</u>	<b>Registration Number:</b> <u>206748</u>	
<b>Auditor:</b> <u>Coverdale</u>		<b>Covert / Overt</b> (circle one)	
		<u>Overt</u>	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?	<u>✓</u>		
b) Was Emissions testing performed using Analyzer Probe?			<u>✓</u>
c) Was Emissions testing performed using Paddle(s)?			<u>✓</u>
d) Was Emissions testing performed using Clip?			<u>✓</u>
3. Was <b>Catalytic Converter</b> inspection required?		<u>✓</u>	
a) Was Catalytic Converter inspection performed?			<u>✓</u>
4. Was <b>Fuel Tank</b> pressure testing required?		<u>✓</u>	
a) Was Fuel Tank pressure testing performed?			<u>✓</u>
5. Was <b>Fuel Cap</b> pressure testing required?		<u>✓</u>	
a) Was Fuel Cap pressure testing performed?			<u>✓</u>
6. Is this test a <b>Re-check</b> from a prior failure?		<u>✓</u>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<u>✓</u>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			



## DMV Lane Technician Observation Report

DMV Technician: <i>Weigel, Melissa</i>		Position: <u>1 or 2</u>	
Station: <i>Wilma</i>	Date: <i>9-12-12</i>	Time: <i>1:55</i>	
Vehicle Make: <i>Ford</i>	Model: <i>TAIUS</i>	Year: <i>2003</i>	
GVWR:	Fuel Type: <i>GAS</i>	Registration Number: <i>RF 965</i>	
Auditor: <i>Coverdale</i>		Covert / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<i>L</i>		
2. Was <b>Emissions</b> testing required?	<i>✓</i>		
a) Was Emissions testing performed using OBD?	<i>✓</i>		
b) Was Emissions testing performed using Analyzer Probe?			<i>✓</i>
c) Was Emissions testing performed using Paddle(s)?			<i>✓</i>
d) Was Emissions testing performed using Clip?			<i>✓</i>
3. Was <b>Catalytic Converter</b> inspection required?		<i>2</i>	
a) Was Catalytic Converter inspection performed?			<i>✓</i>
4. Was <b>Fuel Tank</b> pressure testing required?		<i>✓</i>	
a) Was Fuel Tank pressure testing performed?			<i>✓</i>
5. Was <b>Fuel Cap</b> pressure testing required?		<i>✓</i>	
a) Was Fuel Cap pressure testing performed?			<i>✓</i>
6. Is this test a <b>Re-check</b> from a prior failure?		<i>✓</i>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<i>✓</i>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Revised 7/26/12

## DMV Lane Technician Observation Report

DMV Technician: <u>Larrouche</u>		Position: <u>1 or 2</u>	
Station: <u>W/m</u>	Date: <u>9-12-12</u>	Time: <u>2:10</u>	
Vehicle Make: <u>Chev</u>	Model: <u>C-15</u>	Year: <u>1999</u>	
GVWR: <u>5000</u>	Fuel Type: <u>GAS</u>	Registration Number:	
Auditor: <u>Coverdale</u>		Covert / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?	<u>✓</u>		
b) Was Emissions testing performed using Analyzer Probe?			<u>✓</u>
c) Was Emissions testing performed using Paddle(s)?			<u>✓</u>
d) Was Emissions testing performed using Clip?			<u>✓</u>
3. Was <b>Catalytic Converter</b> inspection required?		<u>✓</u>	
a) Was Catalytic Converter inspection performed?			<u>✓</u>
4. Was <b>Fuel Tank</b> pressure testing required?		<u>✓</u>	<u>✓</u>
a) Was Fuel Tank pressure testing performed?			<u>✓</u>
5. Was <b>Fuel Cap</b> pressure testing required?		<u>✓</u>	
a) Was Fuel Cap pressure testing performed?			<u>✓</u>
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)		<u>✓</u>	
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<u>✓</u>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Huan, Daniel</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>Wilm</i>	<b>Date:</b> <i>9-12-12</i>	<b>Time:</b> <i>2:20</i>	
<b>Vehicle Make:</b> <i>Bentley</i>	<b>Model:</b> <i>Brookeland</i>	<b>Year:</b> <i>1994</i>	
<b>GVWR:</b>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>108070</i>	
<b>Auditor:</b> <i>Coverdale</i>		<b>Covert / Overt</b> (circle one)	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	<i>✓</i>		
2. Was <b>Emissions</b> testing required?	<i>✓</i>		
a) Was Emissions testing performed using OBD?			<i>✓</i>
b) Was Emissions testing performed using Analyzer Probe?	<i>✓</i>		
c) Was Emissions testing performed using Paddle(s)?	<i>✓</i>		
d) Was Emissions testing performed using Clip?			<i>✓</i>
3. Was <b>Catalytic Converter</b> inspection required?	<i>✓</i>		
a) Was Catalytic Converter inspection performed?	<i>✓</i>		
4. Was <b>Fuel Tank</b> pressure testing required?		<i>✓</i>	
a) Was Fuel Tank pressure testing performed?		<i>✓</i>	
5. Was <b>Fuel Cap</b> pressure testing required?	<i>✓</i>		
a) Was Fuel Cap pressure testing performed?	<i>✓</i>		
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)		<i>✓</i>	
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>	<i>✓</i>		
7. Was Two-Speed Idle testing required?	<i>✓</i>		
a) Was Two-Speed Idle testing performed?	<i>✓</i>		
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
<i>Tank not tested due to inaccessible ammunition</i>			

Revised 7/26/12

## DMV Lane Technician Observation Report

DMV Technician: <u>Stinson, Ray</u>		Position: <u>1 or 2</u>	
Station: <u>Wila</u>		Date: <u>9-12</u>	Time: <u>2:05</u>
Vehicle Make: <u>Jeep</u>		Model: <u>Cruiser</u>	Year: <u>2007</u>
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>PC468936</u>	
Auditor: <u>Coverdale</u>		Covert / <u>Overt</u> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			